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PRINTED: 01/15/2008 FORM APPROVED

If continuation sheet 1 of 10

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE		(X2) MULT A. BUILDIN	PLE CONSTRUCTION	(X3) DATE \$1, COMPLE	IRVEY TED
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1 000	INITIAL COMMEN	NTS		000		·	
	A licensure survey was conducted from December 27, 2007 through December 28, 2007. A random sample of three residents were selected from a population of five females with various disabilities. The findings of this survey were based on observations at the group home, interviews with						
	observations at the one resident and colinical and admin	is survey were based on e group home, intervie group home staff, revie istrative records to inconcident reports and	ews with ew of				
1 090	The interior and exterior of each GHMRP shall to maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.			1 090			
			active,				
	Based on observations are the interior was maintained in attractive, and sar	ot met as evidenced by ation, the GHMRP faile and exterior of the G a safe, clean, orderly nitary manner and be f dirt, rubbish, and object	ed to HMRP , ree of				
	The findings inclu	de:					:
	Observations of the GHMRP 's environment on December 28, 2007 at approximately 12:13 PM revealed the following:						
	Interior			•			
ith Regu	lation Administration	MOL. O.L.	r Evet	2 011	กรีก	TOR OF	(X6) DATE

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	1. The structure of the	e bathroom loved to have riche water floment was obset the water floment was obset that was drought at the water floment was drought flower fl	wer located in the kitching. cocated on the upper loust build up inside the lows through. g to the supply closest erved to be missing a cocated in the basementained and old sheet oping from it's original ached to the side docas damaged. The blir of door was also observed to be seen as damaged. The blir of door was also observed to be seen and the conduct simulated firectiveness of the plant for each shift. The conduct simulated firectiveness of the plant of the side door was also observed and record revision of the plant of the conduct simulated firectiveness of the conduct simula	evel was a sink in the a window ent was rock at or in the nds erved to extract the rock its were tash.	I 090	1. The cabinet drawer w 2. The sink was sanded 3. The window pane wa 4. The sheet rock was re repaired by1-23-08 5. The front door blind the side door blind w 6. The yards debris and by1-28-08. The residence manager will cor of the physical environment and the residential director for follo	and repainted1-22-(emoved and the are 3.) was replaced by; ill be replaced by trash will be removed and the are 3.	23-08. 08. 1-19-08. 1-30-08. 1-30-08.
ľ	The findings include:							

STATEMEN AND PLAN	IT OF DI OF COR	EFICIENCIES RECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	VCLIA IBER:	(X2) MUL A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED	Y
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l 135		hued From pa	-		l 135			
	1. In review 2007 scheroll 1st S 2nd	terview with the work of the staffil at approximate duled shifts and to a shift 12 AM to a shift 12 AM to a shift 4 PM to 8 and to 8 PM PM to 8 AM PM to 8 PM PM to 8 AM PM to 8	ne House Manager (Hi ng pattern on Decemb tely 11:15 AM revealed re as follows:	at the per rill log 07 28, of fire re drills on 34 AM ts. ation per 28, that the at the he	1135	fire drill schedule for properly implemente each quarter. The QN implementation of the and will insure that a reason is made up wit targeted shift2-1-0. The fire safety consulvith staff on all fire	the fire drill schedule routing the drill missed for any dithin seven days for the 18. It and will conduct training safety issues including the s during drills2-15-08.	nely g e
ealth Regula TATE FORM		ministration	· · · · · · · · · · · · · · · · · · ·					

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1135	Con	inued From pa	ge 3		1135		-		-
	base evid	ment had not b	peen used. There wa ration drills were hek	as no 1 under				ļ	
J 206	35/09	.6 PERSONNE	EL POLICIES		1206				
	annı certi perfo	ially thereafter, fication that a h ormed and that d allow him or l	or to employment an shall provide a physicalth inventory has be the employee's heather to perform the re-	ician ' s peen alth status	1				
·	The 1. R 12/19 GHM curre (S#2 Mana	id on interview IRP failed to enth certificates of findings include eview of the period at approximate to present health certificates of the period of the period of the period of the period interview of the period intervie	ersonnel files conduct mately 10:29 PM revovide evidence of cu- cates for two of eight physical and the Factificate was expired)	ted on ealed the rrent t staffs. cility's	-	(see afta 2. All cons	lo insure routine c	08. contacted and ts by	f will 2-15-08. records
	GHM Curre	B/U/ at approxim IRP failed to pro	nately 10:23 AM reve ovide evidence of cui cates for four consult	ealed the					
1 227	3510	.5(d) STAFF TF	RAINING		1 227				
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eaith Regula TATE FORM	th Regulation Administration TE FORM								<u> </u>

AM T S STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCES SES FARRAGULTST, NW WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCES CACH OPPLICIENCY OR LSC IDENTIFTING INFORMATION) PREPRIATE TAS Continued From page 4 limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by; Based on record review, the GHMRP falled to have on file for review current training in first Aid and CPR, or employees. The findings include: On 12/26/07 at approximately 10:23 AM, review of personnel records/fraining records reviewed that the following staffs was without current First Aid and CPR, or both. 1. Current CPR - S#8 2.a. First Aid - C #2, C #11, and C #12 b. CPR - C #2, C #11, and C #12 b. CPR - C #2, C #3, C #11, and C #12 b. CPR - C #2, C #3, C #11, and C #12 b. CPR - C #2, C #3, C #11, and C #12 b. CPR - C #2, C #3, D #4 in a coordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary toam. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as a required by District of Columbia law in the following disciplinars or areas of services: (a) Medicine; This Statute is not met as evidenced by: Based on staff interview, and record review the	STATEMEN AND PLAN	NT OF DE	EFICIENCIES RECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	A. BUILDING	PLE CONSTRUCTION	(X3) DATE SL COMPLE	TED	
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1. Current CPR - S#B 2a. First Aid - C #2, C #11, and C #12 b. CPR - C #2, C #3, C #11, and C #12 This Statute is not met as evidenced by: Based on staff interview, and record review the alth Regulation Administration MTS will hold a training session for its nurses who do not have current CPR and first aid by2-15-08. MTS will hold a training session for its nurses who do not have current CPR and first aid by2-15-08. MTS will hold a training session for its nurses who do not have current CPR and first aid by2-15-08. I 391 J 39		that the	rsonnel record he following st	ds/training records revitaffs was without curre	/ealed		All staff has current CPR and	d first aid. They are tr	ained	
I 391 3520.2(a) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (a) Medicine; This Statute is not met as evidenced by: Based on staff interview, and record review the				,		-	MTS will hold a training sess	sion for its nurses who	o do not	-
Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every Individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (a) Medicine; This Statute is not met as evidenced by: Based on staff interview, and record review the		b. Cr	PR - C #2, C #	3, C #11, and C #12			•			
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disciplines or areas of services: (a) Medicine; This Statute is not met as evidenced by: Eased on staff interview, and record review the		neces accor individual neces profes limited traine	ssional staff to sary profession dance with the dual habilitation sary by the in ssional serviced to, those ser d, qualified, ar	o carry out and monito onal interventions, in a goals and objectives on plan, as determined terdisciplinary team. The as may include, but no vices provided by ind and licensed as require	or of every to be The ot be					
Based on staff interview, and record review the salth Regulation Administration		disciplines or areas of services:								
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(391	GHM of the anti- The Obsider Resider And Rev 2000 diag Fluor discontained Resider Resi	ree residents in convulsant mediand includes finding includes ervations of the inistration on 1 ident #1 was accepted at approximate the conversion of Seizun xetine HCL 40 rder. Interview 7/07 at approximate #1 is admitications for seizun for seizun #1 is admitications for seizun seizun seizun #1 is admitications for seizun sei	rder laboratory studien the sample who is offications. (Resident state evening medication 2/27/07 at 5:08 PM rdministered Risperdate 200 mg 3 tabs, by t #1's medical recordinately 12:38 PM revoluted PO's, Resident to Disorder and is premy every day for more with the nursing statement of the anti-cordinately 5:12 PM reveninistered the anti-cordinatered the anti-cordinatered management.	evealed ai 3 mg, mouth, s on vealed December #1 has escribed escribed avement if on ealed that rvulsant There was	l 391	As indicated by the surveyor, the listed on the physician's orders physician's orders have been up serum lab follow up1-25-08. In the future, the lead nurse we modifications are made during meetings or by the nurse base PCP1-30-08.	but it was done. The dated to reflect the vill insure all such r g the nurse/physici	needed needed needed an
I 395	no dorde anti-PO's (DO 3:00 on F 3520 PRO individual professional prof	coumented evi- red laboratory: convulsant ments. Interview with N) on December PM acknowled lesident #1's PO 22(e) PROFES OVISIONS GHMRP shall essary professional staff to essary by the interview ed to, those ser	dence that the physic studies to monitor the dications listed on the h the Director of Nur er 28, 2007 at approx aged that labs were n	cian e client's e current sing kimately not listed BENERAL ified or es of every ed to be The not be dividuals	1 395			

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	Distri discip	ct of Columbia lines or areas	a law in the following of services;					
	(e) N	ursing;						
	Based facility accor	d on staff inter / failed to ens dance with the	met as evidenced by view and record revi ure nursing services needs of two of thr nple. (Resident #1 ar	ee the				
	The findings include: 1. The facility's nursing services failed to ensure that Resident #1 Abnormal Involuntary Movement Scale (AIMS) was updated and failed to ensure that Resident #1's allergies and weekly shots was listed on current Physician's Orders as evidence below:					•	,	
				fovement ensure				
	admin Resident Control Review 12/27/ current 2007. prescrimover #1 me Involument 12/12/0 Decent reveal conduction with the examination of the conduction of	Observations of the evening medication dministration on 12/27/07 at 5:08 PM revealed desident #1 was administered Risperdal 3 mg, and Carbamazepine 200 mg 3 tabs, by mouth. Review of Resident #1's medical records on 2/27/07 at approximately 12:38 PM revealed current Physician's Orders (PO) dated December 2007. According to the PO's, Resident #1 is rescribed Fluoxetine HCL 40 mg every day for novement disorder. Further review of Resident's 1 medical records revealed an Abnormal evoluntary Movement Scale (AIMS) last dated 1/12/07. Interview with the facility's RN on exceeded that the AIMS exams are usually onducted every six months. Further interview with the RN acknowledged that another AIMS warm was due for Resident #1. At the time of the curvey, there was no evidence that the RN had completed an updated AIMS exam for Resident				1a. An Aims review will be con resident #1 by1-30-08 and wi so that routine follow up parametracked2-1-08. b. The required weekly shots are the PO's do not reflect the treatr by the surveyor. The PO's will by1-26-08.	Il be added to the HE eters are effectively given routinely, how ment regimen as indi-	RMCP
alth Regula ATE FORM	tion Adh	ninistration	INTO GXAIT TOL RE	Juanica				:

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1 395	#1. b. Review of 12/27/07 at nursing asset the assessor Shellfish and medical receives we the Facility's 11:38 PM or weekly shot: PO's dated "Allergies" weekly of the Resident #1 Further inter	of Residence of Resident Resid	dent #1's medical recimately 1:10 PM revint dated 1/16/07. Accepted that Resident #1 is allergice. Further review of evealed that Resident nots for allergy. Internots for allergy. Internots for allergy. Internots for allergy. Internots for allergy and that Resident #1 tergies. Review of the listed PO's, failed to evidence the weekly shots for allergith the RN acknowled important and should	ealed a coording to to the t#1 view with imately akes ne current nat Further at ergies,	l 395			
	2. The facility's nursing services failed to ensure that Resident #3's recommended BSER Evaluation had been completed and failed to ensure the nutritionists recommendations had been implemented as evidence below: a. Review of Resident #3's medical records on 12/27/07 at 2:06 PM revealed a medical consult dated 3/14/07. According to the consult, Resident #3 had an audiological exam completed				remove ear wax	eduled for resident #3 2-8-08 and the needed d thereafter for3/08	d Audio	
anith Page	and recommended the following: 1. ENT consult for cerumen removal of the left ear and right ear bilaterally. 2. Audio re-evaluation following ENT consult for the removal of cerumen. BSER Evaluation - Threshold search to determine hearing status. Interview with the facility's RN on 12/28/07 at approximately 12:00 PM was not sure if the gulation Administration					uas deen schedule	uncreamer for3/08	

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1 395	Con	inued From pa	ge 8		1395		· · · · · · · · · · · · · · · · · · ·		
	the f furth know com appr reco the t evide audio	pleted. The RN acility after the er stated that the pleted. Interview oximately 3:00 mmendations in the of the survence that the replogists had be	•	s hired by The RN yould ger at ted. At tumented de by the					
	Nutri nutrii Resii breal Dece Weig 12/28 that s with i have recor	tional Assessmalional Assessmalional Assessmalional Assessmalional Assessmalional Assessmalional Assessmalion (Assessmalion) The Assessmalion (Assessmalion) Assessmalion	ent #3's medical recommately 2:06 PM revelent dated 8/23/07. The process of the current PO's diseased a diagnosis of view with the facility's mately 11:40 AM revelents and the current point is not a second that she is the nutritionist to control the current point to control the process of t	aled a The at ated "Chronic s RN on ealed endation would larify her		b. The double portions breakfithe nutritionist for resident #3 PCP or lead RN. Additionally developed. The QMRP will confide discussion between himself, the nutritionist to finalize plans for breakfast diet which will begin	no modified menus pordinate a follow up ne lead RN, PCP and	th the were	
	Each training and no more environ of phy	GHMRP shall, no to its resider naintain those is effectively with naments and to sical, mental a	DN AND TRAINING provide habilitation a ats to enable them to ife skills needed to conthe demands of their achieve their optimum and social functioning	acquire ope ir ım levels ı.	1 420				
	This Statute is not met as evidenced by: Based on interview, and record review, the Qualified Mental Retardation Professional atton Administration								

STATEMEN AND PLAN (NAME OF P	OF CORE	FICIENCIES JECTION R OR SUPPLIER	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI HFD0009	MBER:	A. BUILDING B. WING DDRESS, CITY, STATE, ZIP CODE		(X3) DATE SURVEY COMPLETED
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	Regulation Administration			,			

M T S (X4) ID PREFIX TAG R 000 INI A li De A r sel var Th obs one clir fac inv	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL ITIAL COMMENTS licensure survey was conducted from exember 27, 2007 through December random sample of three residents were lected from a population of five femalarious disabilities.	255 FARRAGUT WASHINGTON, I S FULL FULL (TION) R 00	DC 20011 PROVIDER'S PLAN OF CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLETE OTHE APPROPRIATE DATE
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	ne findings of this survey were based of pservations at the group home, intervience he resident and group home staff, revience inical and administrative records to inc cility's unusual incident reports and vestigations.	on ews with ew of		
Th cri cor in : err res	ne criminal background check shall distinguished a check shall distinguished and the prospective employment worker for the previous seven (all jurisdictions within which the prospective or contract worker has worker sided within the seven (7) years prior neck.	sclose the byee or 7) years, ective d or	25	
Ba fai the wh	his Statute is not met as evidenced by ased on the review of records, the GH illed to ensure criminal background chie previous seven (7) years, in all jurischere staff had worked or resided withing the check for on aff.	MRP ecks for dictions n the	4701.5 All staff have Global cri attachments)1-25-08.	iminal background checks (see
Re De cri se ca	he finding includes: eview of the review of personnel files of ecember 28, 2007 at approximately 1 evealed the GHMRP failed provide evic minal background checks for the previous years in all jurisdiction where one are staff had worked or resided. (Staff	0:23 AM dence of a vious		

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AND PLAN	IT OF DE OF COR	FICIENCIES RECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA MBER:	(X2) MUL [*] A. BUILDI B. WING			(X3) DATE SURV COMPLETE	EY
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